


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 11, 2008 8:00 am
Secretary of State

09-11-2008 90002 033 ***150.00

DOCUMENT # S83140			
1. Entity Name K.E.I. CORP.			
Principal Place of Business 5333 SW 75TH ST. #44 GAINESVILLE, FL 32608		Mailing Address 5333 SW 75TH ST. #44 GAINESVILLE, FL 32608 US	
2. Principal Place of Business - No P.O. Box # 10630 Halls River Rd. Suite, Apt. #, etc. Homosassa, FL 34448 City & State		3. Mailing Address 10630 Halls River Rd. Suite, Apt. #, etc. Homosassa, FL 34448 City & State	
Zip 34448		Country US	
Zip 34448		Country Citrus US	
4. FEI Number 65-0300129		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PEEBLES, JERRY 5333 SW 75TH ST, #44 GAINESVILLE, FL 32608		7. Name and Address of New Registered Agent Name ← Same Street Address (P.O. Box Number is Not Acceptable) 10630 Halls River Rd. Homosassa, City FL Zip Code 34448	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD NAME PEEBLES, JERRY STREET ADDRESS 5333 SW 75TH ST, #44 CITY-ST-ZIP GAINESVILLE, FL 32608	<input type="checkbox"/> Delete <i>add change</i>	TITLE PD NAME Peebles, Jerry STREET ADDRESS 10630 Halls River Rd. CITY-ST-ZIP Homosassa, FL 34448	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>add.</i>
TITLE VD NAME PEEBLES, MARY LOU STREET ADDRESS 5333 SW 75TH ST, #44 CITY-ST-ZIP GAINESVILLE, FL 32608	<input type="checkbox"/> Delete <i>add change</i>	TITLE VD NAME Peebles, Mary Lou STREET ADDRESS 10630 Halls River Rd. CITY-ST-ZIP Homosassa, FL 34448	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>add.</i>
TITLE D NAME PEEBLES, KELLY C STREET ADDRESS 5333 SW 75TH ST, #44 CITY-ST-ZIP GAINESVILLE, FL 32608	<input type="checkbox"/> Delete <i>add change</i>	TITLE D NAME Peebles, Kelly C. STREET ADDRESS 10630 Halls River Rd. CITY-ST-ZIP Homosassa, FL 34448	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>add</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: _____		Date: 9-9-08 352-287-9105	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	